ISSUE 3

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GROUP HOME BULLETIN

Arizona Department of Economic Security
Division of Developmental Disabilities
Program Monitoring Unit

Contents

The Central Office Program Monitoring Unit has moved!

We are now located at: 2200 N. Central Ave, Suite 404, site code 004F, Phoenix, AZ 85005

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The following are the direct numbers for our staff:

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Questions and Answers

Q. Who can complete Bi-monthly monitoring of the BTP?
A. It has been determined that per rule direct care staff may not monitor the BTP. In addition management staff that are scheduled to provide direct care on a continuous basis (at least 2-times a week) may not monitor the BTP. Management staff that are filling in may not monitor the BTP while providing direct care.

Q. Can forms be revised by a provider agency to meet their needs?
ie: Individualized Needs, Vital Information, Medical History and Consents

A. The provider may choose to customize a form to fit their needs. However it must contained at a minimum all the required components dictated under that rule. In addition every component must be identified on the form; components not currently pertinent must still remain on the form and addressed.

Q. Do Special diets need to be monitored and/or followed?
A. When a resident is prescribed/recommended a special diet with a written order by a physician and/or nutritionist then it should be followed. It is the obligation of the agency staff to request instructions on how to implement and to obtain monitoring procedures for the diet. The key word would be a written order. This would follow the 806.L rule. Although it is not a medication, it is a new prescribed order.

Q. How should you store peroxide and iodine safely when used for medicinal purposes?
A. Although peroxide and iodine are toxins that maybe used for medical purposes they may not be stored along other medications. They must be stored on a different shelf and below medications. If they are in a first aid kit they must be stored below the medications on a different shelf than medications. They would need to be in a locked storage receptacle if access to toxins is not permitted for the residence in the home.

Q. Is a change in the ISP valid if the guardian has signed but not the support coordinator?
A. Per des/ddd policy the change is a recommendation until the support coordinator signs. It is the role of the support coordinator to assess whether a formal meeting is needed and/or a change in ISP is sufficient.

Q. Is a date needed on the dental component of the Medical History?
A. Per rule it dictates that an overall history of the resident's dental health must be documented. A date of the last appointment does not supply an overall history. A date may be part of the overall history, however a date would not always be necessary as long as the overall history is available.

Pressure Sores
Assessment, Treatment and Prevention

Information obtained from http://familydoctor.org/039.xml

What Are They?
Pressure sores are areas of injured skin and tissue. They are usually caused by sitting or lying in one position for too long. This puts pressure on certain areas of the body. The pressure can reduce the blood supply to the skin and the tissues under the skin. When a change in position doesn't occur often enough and the blood supply gets too low, a sore may form. Pressure sores are also called, bed sores, pressure ulcers and decubitus ulcers.

Who gets pressure sores?
Anyone who sits or lies in one position for a long time might get pressure sores. You are more likely to get pressure sores if you use a wheelchair or spend most of your time in bed. However, even people who are able to walk can get pressure sores when they must stay in bed because of an illness or injury. Some chronic diseases, such as diabetes and hardening of the arteries, make it hard for pressure sores to heal because of a poor blood supply to the area.

Where on the body can you get pressure sores?
Pressure sores usually develop over bony parts of the body that don't have much fat to pad them. Pressure sores are most common on the heels and on the hips. Other areas at risk for pressure sores include the base of the spine, the shoulder blades, the backs and sides of the knees, and the back of the head.

How are pressure sores treated?
Three things help pressure sores heal:

- Relieving the pressure that caused the sore
- Treating the sore itself
- Improving nutrition and other conditions to help the sore heal

Are pressure sores serious?
Pressure sores can be serious, depending on how much the skin and tissues have been damaged. **You should call your doctor if you think a sore is forming.**

Mild damage causes the skin to be discolored, but a sore doesn't form. In light-skinned people, the damaged skin may turn dark purple or red. In dark-skinned people, the area may become darker than normal. The area of damaged skin may also feel warmer than the surrounding skin.

Deep sores can go down into the muscle, or even to the bone. If pressure sores are not treated properly, they can become infected. An infection in a pressure sore can be serious. Pressure sores also hurt a lot and make it hard for a person to move around.

What can be done to reduce pressure on the sore?
Don't lie on pressure sores. Use foam pads or pillows to take pressure off the sore. Special mattresses, mattress covers, foam wedges or seat cushions can help support you in bed or in a chair to reduce or relieve pressure. Try to avoid resting directly on your hip bone when you're lying on your side. Use pillows under one side so that your weight rests on the fleshy part of your buttock instead of on your hip bone. Also, use pillows to keep your knees and ankles apart. When lying on your back, place a pillow under your lower calves to lift your ankles slightly off the bed. Change your position at least every 2 hours.

When sitting in a chair or wheelchair, sit upright and straight. An upright, straight position will allow you to move more easily and help prevent new sores. If you cannot move by yourself, have your caregiver shift your position at least every hour, or more often if possible.

How can pressure sores be prevented?
The most important step to prevent pressure sores is to avoid prolonged pressure on one part of your body, especially the pressure points mentioned previously.
It's also important to keep your skin healthy. Keep your skin clean and dry. Use a mild soap (like Dove, Basis or Oil of Olay) and warm (not hot) water. Apply moisturizers so your skin doesn't get too dry. If you must spend a lot of time in bed or in a wheelchair, check your whole body every day for spots, color changes or other signs of sores. Pay special attention to the pressure points where sores are most likely to occur.

REMEMBER, You should call your doctor if you think a sore is forming.

Arizona Department of Economic Security
Quality Service, Organizational Pride,
Client Self-Sufficiency

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Aspiration and Asphyxiation

Aspiration and *Asphyxiation*, are two very important words for everyone to know. Asphyxiation is the blockage of an individual's airway. Suffocation, the fatal effect of asphyxiation, is prevented if the object is removed from the air passage. Aspiration is when anything other than air goes into the airway and lungs, causing pneumonia. Since aspiration and asphyxiation are critical to people's safety, paying attention to several associated risk factors can help.

Avoiding Choking Aspiration and Asphyxiation

1. **Know if the person has past issues with choking and pneumonia.**
2. **Pay attention to problematic habits, such as eating food quickly and swallowing large portions.**
3. **Make note of the person's digestive and breathing problems.**
4. **Learn about the person's medications and if they can lead to problems eating food.**

Some risk assessment factors are constipation, lack of gag reflex, gum disease, increased frequency of seizures, and the presence of skin breakdown in the past six months. In addition, documented aspiration or pneumonia during the last twelve months, a history of dehydration, digestive bleeding, and a history of bowel obstruction of fecal impaction are important indications that the individual needs special attention.

Other observable signs and symptoms involve actions and behaviors that heighten the individual's risk of asphyxiation and aspiration, such as the individual's refusal to let others touch their mouth, eating a meal in less than five minutes, wheezing, pooling of food in mouth, throwing head back to swallow, gagging, persistent drooling, pain/heartburn at the tip of breastbone, swallowing large mouthfuls rapidly, loss of food or fluid from the mouth, and coughing and/or choking.

UP COMING ARTICLES!

Best Practices Around Handling Consumer Funds

Highlights and some Feedback regarding Monitoring 2007

What Should Be in A Good Corrective Action Plan

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